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Original Communications.

TYPHOID FEVER.

By J. B. S. JACKSON, M.D.

THE following communication was made, from memoranda, to the Boston Society for Medical Improvement at their last meeting, July 22d, 1872.

Several weeks ago, I had occasion to examine the cases, with dissections, of typhoid fever of which I have records, and I have thought that the results might be interesting to the Society. A few of these records were short, but generally they were much detailed, and they were taken without reference to any use that might be made of them at a future time. A very few were records of specimens only. Some other points in regard to the history of the disease will be referred to, but the anatomical appearances will be principally considered.

The whole number of cases that I have recorded is 43; and, if all the specimens that I have examined were included, the number would be much increased. These cases have been partially analyzed, and the results compared with the observations of some of the well-known authors.

Typhoid fever is sometimes seen here in young children, but I should think it very much more rare than in some parts of Europe. My dissections have been made not merely at the Massachusetts General Hospital, where very few children are received, but in the city at large and neighboring towns. From 10-19 years of age there were eight; 20-28, twenty-three; 31-37, nine; 47, one; 66, one; and of one no record. As elsewhere, by far the largest number was between 20 and 30, and very often, I should say, about 22-3 years of age. I have never seen nor heard it remarked here that males were more subject to the disease than females, except in Dr. Jackson's Report on Fever as observed at the Hospital. I do not understand why

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it should be so, but the fact has been stated by foreign writers, and my own cases strongly confirm their statements—there being 30 males and only 13 females. Every one knows the impossibility of dating the access of the disease in many cases, but the duration was as follows, so far as could be ascertained. From 7-9 days, five cases; 10-19, seventeen; 20-28, ten; 30-35, three; 40-42, two; 56, one; 60, one; 4 months, one; not recorded, three. The case that is said to have continued for four months occurred in the practice of Dr. Strong, a member of the Society, and well acquainted with the disease. There was no evidence of any other disease during life nor on dissection, and the disease in some parts of the intestine was still somewhat active.

Louis found Peyer's patches inflamed in all of his cases in the last 2-8 feet of the ileum, though in one the disease seemed to have been extended into the upper part of the intestine, and his observations would be generally confirmed. In my own cases about 3 feet was the extent, by measurement in 14 cases, and in one by estimate. In some of the other cases the following records were made:—lower half of small intestine affected; lower two-thirds; by measurement, to within 6 feet of duodenum, and in another to within 4½ feet from the pylorus; into the jejunum, and in another high into the jejunum. The increase of the disease from below upwards is often said to be progressive, but I have seen many exceptions.

Aitken and Reynolds describe the patches as from three to four lines in thickness; but, supposing that this includes the whole thickness down to the muscular coat, it is very far beyond anything that I have ever seen. In some cases I should say that the patches were raised a line above the surrounding surface, but generally very much less. Louis, also, in the "hard patches," as he calls them, found the cellular tissue beneath the patch from four to seven millimetres in thickness, or two to three lines, as translated by Dr. Bowditch. Much has been said of a peculiar "typhous deposit"

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in this submucous cellular tissue, and of its being found, also, in other organs besides the intestines, but I could never believe it. As the disease advances, we have generally supposed that the patch was destroyed by ulceration, but it seems to be regarded by many of the best modern pathologists as a process of sloughing. This may be, if ulceration is nothing more than a death and casting off of the molecules of the inflamed tissue; but though "sloughs" were occasionally seen upon the ulcers in the cases here referred to, there was generally nothing of the kind. Ulceration usually begins much earlier, but in one case it had not commenced on the seventeenth day. Generally the whole patch is inflamed, and, if ulcerated, the whole is ulcerated. Not unfrequently, however, the inflammation is confined definitely to one or two portions of the patch, when the surface is otherwise nearly or quite normal. And, the whole patch being inflamed, the ulceration may be as definitely confined to one or two portions of it, or even more. This is well shown by Cruveilhier.

Rokitansky and the best modern pathologists generally say that the ulcers are elliptical in form, and situated opposite to the mesentery; and, when in the solitary glands, they are circular. I have very generally found them of a rounded form, when in the elliptical patches, and from their size they must have encroached very much upon the mucous membrane. Dr. Bright figures the ulcers precisely as they have been seen here, and repeatedly; and it is very remarkable that his description and delineation of the disease, which was published in 1827, two years before the appearance of Louis's work, should be so seldom referred to. Even his own countryman, Aitken, does not find room in his ponderous work to notice him; and the only explanation that I can think of for this neglect of Dr. B. by modern pathologists, is that the volume in which he recorded his observations on fever, announced his discovery of a disease which has made his name so famous—if it can be called a discovery, when he was so nearly anticipated by Dr. Blackall, and to whom he scarcely refers in his work. The ulcers in typhoid fever are not unfrequently elliptical in form, but, when I have found them so, they have been very generally, if not always, transverse to the length of the intestine—being distinctly so recorded in seven cases. The same tendency to elliptical ulceration, transversely to the intestine, is often seen in cases of dysentery, and I have never

heard of any good explanation of the fact. Peyer's patches are often described as "elliptical," and opposite to the mesentery, and so they generally are; but small patches, consisting of only a few follicles, are not unfrequently found, of a circular form, and anywhere but opposite to the mesentery. I have never seen them, except in the last few inches of the ileum; and, though Louis speaks of them, I do not think that they have been sufficiently noticed. I doubt very much if they always exist, but, when they do, they must be liable, with the other patches, to inflammation; and, from a want of knowledge of this fact, one might suppose that the small, circular ulcers, near the valve and near the insertion of the mesentery, were in the mucous membrane and not in Peyer's patches.

In regard to perforation of the ulcers into the peritoneal cavity, Aitken quotes Louis as having met with it eight times in 55 fatal cases; Murchison, three times in 15 cases; Bristowe, fifteen times in 52 cases; and at the London Fever Hospital it occurred twelve times in 53 cases. In my own 43 cases there was perforation six times. Perforation, then, occurred forty-four times in 228 cases, or in nearly one-fifth of the whole number. The frequency of its occurrence in Dr. Bristowe's cases deserves especial notice. Where the disease is most advanced there we should expect to find the perforation; and, accordingly, it is said to be most frequent in the lower part of the ileum. In my own six cases the distance from the valve was, respectively, 12 inches, 19 inches, 21 inches, 25 inches, 44 inches, and $7\frac{1}{2}$ feet. On the other hand, in two specimens in the Med. College Museum, and which were from patients who died in this city, the distances were 2 inches from the valve in one, and 3 inches in the other. The case in which the perforation was $7\frac{1}{2}$ feet from the cæcum may be found in Dr. Jackson's report above referred to; and I would say that $7\frac{1}{2}$ feet and 44 inches is far beyond anything that I have seen recorded. I do not, however, attach so much importance to this point as some do, as I do not believe, as I have already said, in a regularly progressive increase of the disease from below upwards. Reynolds found perforation once in the cæcum; and, in Dr. Jackson's memoir of his son he quotes a case in which Dr. J. Jr. met with it in the appendix cæci. Ulceration not unfrequently extends to the peritoneal coat, so that perforation might have occurred at any time; and it would be interesting to tabulate these cases as well as those of complete perforation. It

has often been observed here as well as in Europe that perforation is very apt to occur in mild cases; and Niemeyer says that one may even be about his business at the time of the accident—a form of the disease to which he gives the name of *typhus ambulans*. In one very mild case that I examined it occurred on the thirteenth day, the patient being dressed, and having had an appetite for two days. In another, also very mild, it occurred on the fourteenth day, and the patient had shaved himself only two or three hours before the fatal attack. In a third, the disease was not recognized, and the patient was thought to be only suffering from a "cold." This last was complicated with hæmorrhage into the peritoneal cavity—an unique case so far as I am aware. Rokitsansky attributes the perforation to the process of sloughing. In four of my cases, however, no allusion is made to this process; and in the two others, though there was some sloughing of the ulcers, there was none at the seat of perforation. I would refer once more to the two specimens in the College Museum, in one of which the whole base of the ulcer seemed to slough out, whilst in the other there was a mere pin-hole. The system seems to take alarm at the accident, and pain, with symptoms of collapse, very generally ensues, and as the result of a small as of a large perforation, so far as I have seen. In regard to the cause of the peritonitis, I do not remember ever to have seen fecal matter in the cavity, and three times, at least, I have reported it as not being found. Niemeyer says that the air that is discharged from the intestine into the peritoneal cavity forces the liver away from the abdominal parietes and produces a resonance or percussion where there is usually dulness; and this he considers one of the most certain signs of perforation. I should not think that air enough could escape to produce such an effect—the case being so different from one of pneumo-thorax; and in three of my own cases it is distinctly stated that no air perceptibly escaped when the peritoneal cavity was opened. The same author makes the very important statement that peritoneal adhesions occasionally form between an ulcerated portion of intestine and some other fold, and thus perforation into the peritoneal cavity may be prevented, as in the case of adhesions about a chronic ulcer of the stomach. I have never seen anything of the kind, but in the course of the remarks that followed this communication, Dr. Cotting reported a case that was directly in point. In a well-

marked case of typhoid fever he found two folds of intestine agglutinated by recent adhesions, and an ulcer had penetrated quite through the parietes of one fold, though not into the other and not into the peritoneal cavity.

Hæmorrhage, as well as perforation, seems as apt to occur in mild as in severe cases, so far as I have seen, and as has been, I believe, generally remarked. In five of my cases it was the cause of death. We naturally regard the ulcers as the source of the hæmorrhage, but we shall rarely, I believe, find any appearances to show that such was the case. In two of my cases only, was anything seen. In one, a recent clot hung off from an ulcer in the cæcum, and the large intestine contained a considerable quantity of blood. The patient was a little girl, and the case was so mild that she had been dressed every day, and had her playthings about her when the hæmorrhage came on and proved fatal in a few hours. In the case of perforation that was complicated with hæmorrhage into the peritoneal cavity there was found a little projecting point from the margin of the perforation, and that looked very much as if it might be a bloodvessel, though nothing was proved. A vessel in the base of an ulcer might very well give way, and cause fatal hæmorrhage, and, the blood being all expelled from it, no trace of its source would be seen. The sloughing condition in which the ulcers are sometimes found would undoubtedly help towards the hæmorrhage; and yet, though they may generally be the source, I have often thought the blood might proceed from the mucous membrane, as it does undoubtedly from that of the nostrils. Grave as the accident generally is, it seems sometimes to be remarkably well borne, and I think that I have seen cases in which the patient sometimes even seemed better after the hæmorrhage, as Dr. Jackson used to remark might be the case.

In three or four weeks it is said that the active processes are over and cicatrization begins; but the period varies so far as I have seen; and in the case that I have reported as having continued for four months there was open ulceration—though it may be said that these open ulcers were of only recent formation. The changes that take place in the base and edges of a cicatrizing ulcer are well known, and have often been observed here; but, though the base becomes covered over with a smooth, cicatricial tissue, I have never seen any appearance of villosities, as described by some of the modern pathologists. The villi,

it is said, may be re-formed, but not the follicles, and I can very well conceive that, in time, this may be the case. It would be well, however, if the intestines of persons who may be known, or even from their age may be supposed to have had typhoid fever, should be examined with reference to these anatomical questions, and also to the often asserted fact of a second attack of fever. Rokitsansky says that the intestine never contracts after the cicatrization of typhoid ulcers, and I suppose that all would agree with him in the main, though I do not remember ever to have seen it remarked, and I certainly have never seen any approach to it on dissection. I have seen, however, a well executed photograph of a case of typhoid fever that occurred in the West, and in which there was a very marked constriction just above the valve. The same absence of contraction is, so far as I have seen, always found during the cicatrization of dysenteric ulcers; and I do not think that we can explain the fact, when the loss of substance is often so great, except by supposing that nature is too wise to allow contraction to take place when the consequences would be so serious. The mucous membrane is said to be reddened in typhoid fever, and I have seen it so not unfrequently, but I have sometimes remarked the contrary; and often thought, when it did exist, that it was a mere passive congestion and of very little pathological importance.

Boston, July 27, 1872.

[To be continued.]

A CASE OF CEREBRO-SPINAL MENINGITIS.

By S. G. WEBBER, M.D.

THE patient was a girl, 11 years old, a daughter of very intemperate parents. She had received much cruel treatment in her early years, but from the age of 5 had been kindly provided for. Four years ago, she had the whooping-cough; since then she had been well.

During her last sickness, she was under the care of Dr. J. E. Walker, at whose request I have drawn up the account of her case from his notes and my own observations, adding the account of the autopsy.

On the evening of May 9th ult., when retiring, she told her sister that she felt sick. It was thought she slept well; on the next morning, however, while attempting to dress, she vomited; she vomited again after going down stairs and complained of severe headache, and went to bed. She lay quiet, with her eyes closed, as if asleep,

till 1, P.M., when she walked to the water-closet. A little girl noticed that she then looked "cross and ugly at her." At about 2, P.M., she is said to have trembled, and her head was observed drawn backwards. Dr. Walker was immediately summoned, and saw her first at 4, P.M. Then her head ached, she protruded her tongue which was covered with a light brown coat, was red and dry in the middle. The eyes were red and watery, and the face and hands had a dark, bluish color. Petechiæ were scattered over the surface of the body and limbs. Pulse 140. At this stage of the examination, all intelligent answers ceased, the patient began to chatter and moan, then vomited and had a convulsion. The convulsion was attended with opisthotonos, with the head drawn to the right shoulder. She was placed in a warm mustard bath and ordered to take ten grains of chloral every two hours if very restless.

There were no more convulsions, but much restlessness, moaning, throwing the arms above her head, moving her legs and turning from side to side. On May 11th, the pupils were slightly dilated; she was unconscious; pulse 140; head still drawn to the right; there was considerable rigidity of the muscles of the back, and of those of the jaws, retaining the mouth shut and allowing the jaws to be only slightly opened.

When I saw the patient, May 12th, she was in very nearly the condition last described. I asked her in a loud voice to put out her tongue, but she made no motion. She, however, twice voluntarily guided her hand directly to mine, without groping. Pulse 144; teeth covered with sordes; she swallowed what liquid was put into her mouth; the eruption was not very dark, and was chiefly confined to the arms and body, only a few spots being on the face and legs. A part of the time she was quiet and during the rest of the time restless. The chloral was continued in ten grain doses every three hours.

In the evening of the 13th, the right eye was closed, the left eye partially open; the right arm and leg were continually in motion, the left arm and leg were only occasionally moved; deglutition was not possible. The pulse was 150-160, rather fuller than I expected to find it. There was no response to any question, and only a low moan when the head was turned; there was almost complete coma. On the 14th, at 2 o'clock, P.M., she died, and the autopsy was made the same afternoon about 4½ o'clock, P.M.

The rigor mortis was very slight if there

was any. The body was still somewhat warm. The viscera were healthy in appearance, except the liver and the intestines. The former had a peculiar irregular appearance, due to an abnormal development of the fibrous trabeculae, by which the glandular structure was divided into small lobules. Peyer's patches were slightly more prominent than usual; the solitary glands were enlarged; in the large intestines the solitary glands were prominent, but less so than in the small.

The dura mater seemed normal. Under the arachnoid, covering the right hemisphere, there was a moderate amount of pus following the course of the vessels; over the left vertex the arachnoid was perhaps rather opaque; there was no pus and but a slight amount of serum. At the base there was a thick deposit of pus or lymph covering the optic chiasma, pons, medulla and central part of the under surface of the cerebellum, and, to a less degree, the crura cerebri, a little also in the fissure of Sylvius. The cord was also thickly lined with the same deposit, especially posteriorly, throughout its entire length. The cauda-equina was not examined, but the deposit seemed to extend in the vertebral canal below the point to which it was opened.

The substance of the brain was rather pinkish and the puncta vasculosa were rather numerous. The ventricles contained a small amount of purulent serum.

Under the microscope, the minute vessels, not capillaries, of the dorsal region of the cord showed extensive fatty degeneration of the nuclei; those of the brain showed the same, but to a much less degree.

503 Shawmut Avenue.

SYPHILIS IN THE APE.—Dr. Schmidt reports that an ape had his penis almost entirely destroyed by ulceration, that the hair fell out in places and that the frontal bone as well as some of the long bones were perfectly carious. In the zoological garden at Manchester, where the animal died, it was ascertained from the keeper who had had charge of the apes that these animals had been previously subjects of a disease which was characterized by ulceration of the external organs of generation, and which was extended by sexual intercourse. In the same collection of animals there was a female ape diseased in like manner; the vulva was surrounded by condylomatous formations of considerable size, and there was an abundant sero-purulent vaginal discharge. —*Schmidt's Jahrb.*

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED FOR THE JOURNAL.

The Society met May 25th, Dr. G. H. Lyman, the President, in the chair.

Removal of an Ovarian Cyst.—Dr. Bixby exhibited a large ovarian cyst that he had removed from a patient three days previously. After the woman had been placed under the influence of chloroform, the cyst was exposed by the usual incision, but as it was being emptied, collapse came on and the operation was suspended for a short time, until the patient rallied. There were no adhesions to the abdominal parietes, but a second cyst was found deep in the pelvis, after the first had been emptied. The pedicle of the cyst was secured by the clamp, the mass was removed and the wound closed. Since the operation, the patient had been very comfortable. Pulse 80. The diet had consisted of gruel. Neither stimulants nor narcotics had been given.

Dr. Wheeler remarked that, frequently, it was the case that collapse or vomiting came on when the intestines were being handled. It was important to avoid vomiting, either at this stage or later in the operation, and he had seen much less since chloroform had been used.

Removal of Fibrous Tumor of the Uterus.

—Dr. Chase exhibited the specimen and gave the history of the case. The patient was 45 years of age. She menstruated when she was 14 years old and married when she was 20. Five years ago, she suffered from a miscarriage, and since that time has complained more or less of leucorrhoea. During the past two years, coitus has been painful and has been followed by some bleeding. For the last six weeks there has been constant hæmorrhage, which at times has been very profuse.

On May 25th, an examination was made, which revealed the tumor projecting from the os uteri and attached to the anterior wall by a short pedicle. With ecraseur, the tumor, which was 1½ inches in diameter, was removed.

Bones of a Fœtus Discharged by the Rectum.—Dr. Jackson showed some of the bones of a fœtus discharged by the rectum. The case was published in this JOURNAL for April 4th ult.

Dr. Bowditch spoke of a case in which there had been a discharge for some time through an opening in the rectum. The

case was diagnosed as a pelvic abscess, but lately, some hard masses had come away, and a microscopist, who had examined them, considered them to be portions of a fibrous tumor of the uterus.

Dr. Jackson said that he saw no reason why such a tumor might not be discharged in this way by a process of adhesive inflammation and subsequent ulceration. He also referred to a case in which a similar tumor was found in a cavity in the substance of the walls of the uterus.

Dr. Fitz exhibited the *Tongue of a Child very much Enlarged* from the development of spongy tissue and of cysts filled with blood.

Addison's Disease.—Dr. Sinclair reported the case. The patient, a man 28 years of age, had been in good health until three years ago, when he had an attack of pleuritis, which confined him to his bed two or three weeks; from this attack, however, he completely recovered. About the middle of February last, he commenced to have vague pains in the extremities, and complained of a feeling of weakness, which necessitated his giving up work.

On the 14th of March, when he came under the care of Dr. S., he still complained of weakness; there was loss of appetite, some nausea and occasional vomiting, and slight pain in the epigastric region. The urine, which was pale and of a specific gravity of 1012, contained a trace of albumen, a few fatty and granular casts, and some uric acid crystals. About the middle of April, the face assumed a slightly bronzed appearance. On the 8th of May, while the man was going up stairs, he suddenly had an attack of dyspnoea, and was unable to walk to his room without assistance. The discoloration of the face had much increased, and the hands had a similar appearance at this time. The conjunctivæ were pearly; the base of the nails were white, but the nails themselves were of a tawny hue. The trunk and lower extremities were not discolored. There was complete anorexia, pain in the epigastric region, constant nausea and frequent vomiting. Pulse 96, and weak. The patient gradually failed, and died on the 21st of May.

Dr. Fitz exhibited the *Supra-renal Capsules* and gave an account of the autopsy. The supra-renal capsules were filled with a degenerated cheesy mass. There was some fatty degeneration of the kidneys. The left pleural cavity was obliterated by old adhesions. The brain and cord appeared healthy. The spleen was enlarged and

darker than normal, from the deposit of granular pigment.

Dr. Webber read a paper on a case of *Cerebro-spinal Meningitis*, which appears on a previous page of the present number of the JOURNAL.

In remarking upon this paper, Dr. Williams suggested that the ophthalmoscope might assist in the diagnosis of obscure diseases. Inflammation in the interior of the eye sometimes occurred in cerebro-spinal meningitis, and we might find injection of the vessels of the retina, as in other forms of meningitis.

Dr. Bixby alluded to a case of *Absence of the Uterus* that had lately come under his observation. The patient had consulted him in regard to treatment for imperforate hymen. There had never been any catamenial discharge, although there had been a periodic disturbance of health. The external sexual organs were well developed, but the vagina was only a short *cul de sac*. There was an irregular, elastic, pulsating tumor, about two inches and a half in diameter, in the left hypochondrium.

Adjourned.

AMERICAN OTOLOGICAL SOCIETY. J. ORNE
GREEN, M.D., SECRETARY.

THE Fifth Annual meeting of the Society was held at the Ocean House, Newport, R. I., on Wednesday, July 17th, at 11½ o'clock. Eight members were present. In the absence of the President, Dr. Morland, of Boston, was chosen Chairman.

Drs. J. Solis Cohen, Charles H. Burnett and George Strawbridge, of Philadelphia, were elected as members.

The Executive Committee reported the following communications, which were read in order and referred to the Publishing Committee:—

1. Report on the Progress of Otology. Dr. C. J. Blake, of Boston.
2. Accidental Evulsion of the Membrana Tympani and Ossicles of Hearing. Dr. C. H. Burnett, of Philadelphia.
3. Clinical Contributions—Otitis Media Hæmorrhagica. Dr. D. B. St. J. Roosa, of New York.
4. Peculiar Case of Impacted Cerumen. Dr. Roosa, of New York.
5. The Examination of 100 cases of Impacted Cerumen, with a view of determining its Pathological Indication. Dr. O. D. Pomeroy, of New York.
6. A Case presenting a Mastoid Sequestrum. Dr. O. D. Pomeroy, of New York.

7. A Faucial Eustachian Catheter. Dr. O. D. Pomeroy, of New York.
 8. Perception of High Musical Notes. Dr. C. J. Blake, of Boston.
 9. A Case of Caries of the Meatus. Dr. C. J. Blake, of Boston.
 10. A Middle-Ear Mirror. Dr. C. J. Blake, of Boston.

Verbal communications were made by Dr. Morland, of Boston, on a late publication in which corpulence is considered a cause of deafness; and by various members, who reported cases of injury to the ear from external violence from explosions, from blows, and from attempted removal of foreign bodies.

The following officers were elected for the ensuing year:—

President, H. D. Noyes, M.D.
Vice President, E. L. Holmes, M.D.
Sec'y and Treasurer, J. Orne Green, M.D.
Publishing Committee, Chas. E. Hackley, R. F. Weir, M.D.
Committee on Progress of Otolgy, C. H. Burnett, M.D.

The same rules in regard to assessments, the revision of proofs and adjournment were adopted as last year.

The minutes of the session were read and approved, and the Society adjourned at 6½, P.M.

AN HEROIC DRUGGIST.—The Paris correspondent of the *Lancet* relates the following incident: The anniversary of the entry of the Versailles troops into Paris painfully reminded me of the dreadful scenes I had witnessed and the unheard-of atrocities committed during the furious struggle between the insurgents and the regular army. Among the melancholy events that then took place, I may mention that related of a *pharmacien* by the name of Koch, who was brutally murdered by the Communist soldiers simply because he refused to help them in raising a barricade in his neighborhood. Not only did he refuse his aid, but he attempted to lecture them on their conduct, whereupon two of the men attacked him in his own shop. The *pharmacien*, however, kept them at bay with a bottle of sulphuric acid in his hand, which he threatened to bespatter them with if they dared to touch him. The men, finding a dangerous weapon before them, beat their retreat, but soon returned with a reinforcement. The poor *pharmacien* was carried out of his shop, and, after a sham "drum-head" court-martial, was ruthlessly shot in the presence of his wife and children.

Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 8, 1872.

PUBLIC HEALTH.

Now is the time for our medical brethren to make their influence felt as the guardians of the health of the people. It is the annual revival period for the sanitarian. He preaches to unwilling ears at other seasons—the text has no immediate and perceptible application; but now that all decaying stuff under the summer's sun is made evident to the senses, when the general mortality is doubled, when wholesome fears of cholera are ready to aid us, the work of reform can be undertaken with such certainty of engaging the interest of all reasonable people that it will not fail. Boston cries out for an efficient Board of Health to clean its streets and back alleys, to purge its foul tenement houses, to remove its festering nuisances on new land and old, to devise such a *system* of public hygiene as will show that a great city with such natural advantages as Boston possesses may become as distinguished for its healthfulness as for anything else—that it may even rival the open country in its low rate of mortality.

Our professional brethren do not know how much influence belongs to them by general concession. Let the physicians of Boston at once demand in the interests of the people that a competent Board, not too large for efficient action, and not too large to be paid for their services, should supplant the present Board of Aldermen as a Board of Health, and the people will insist upon the change at the next City election, if, indeed, the reform be not consummated sooner.

A similar work may be done in every city and town in New England. In what way, we would ask, can a young physician more reasonably engage the good will of his townsmen than by activity and zeal in such labors?

If his knowledge be accurate and capable of demonstration, if his enthusiasm be directed with good nature and tact, and not take the form of scolding and vituperation,

he will soon draw to his aid the thoughtful people, the directors of public opinion, those who guide the community, whether their townspeople know it or not, and with this support his eventual success, not only as a sanitarian but as a practitioner, is assured.

There are towns in Massachusetts which prove the truth of these remarks, and to which we could point if needful.

THE CITY SMALLPOX HOSPITAL.

THE daily press of Boston has exhibited such commendable zeal in showing forth the worst features of an institution which, at the best, has, in any community, a bad name, that we can hardly expect that any word from us will carry much weight. There is no doubt that the evidence is conclusive enough to make a case against the city government or against somebody for palpable negligence in providing suitable accommodations for the care of cases of smallpox. When the complaints were first published, we took occasion to inquire into the accuracy of the charges; and we do not care to conceal the opinion that, while the reports which were circulated were exaggerated and sensational, and were well calculated to mislead public sentiment while they excited public alarm, they were, nevertheless, truly founded on a condition of affairs at the pest-house which have for a long time needed radical remedy, and concerning which we are glad now to record such prompt action on the part of a committee of the Board of Aldermen. The buildings and their appointments—the lack of anything like proper provision for heating, for water service or for culinary necessities—these, together with the need of a high fence to completely surround the grounds for the sake of complete isolation and quarantine, are unquestionably matters for immediate attention.

We hope, however, that the obvious needs for a decided change as regards the hospital-accommodations will not serve to prejudice the judgment of those having the matter in hand concerning a change of location of the pest-house. We are not convinced that the present place is not, all things considered, the best. It is accessible

and at the geographical centre of the city. It is at a sufficient distance from dwelling-houses, there being no residences within an eighth of a mile in either direction; and, what is of obvious consequence, its immediate surroundings—the City Hospital, the city stables, a channel of water, and an extensive lumber-yard, are probably as permanent in their character as any that could be found. We do not believe that the inhabitants of the adjacent territory need feel any unusual alarm, or that, even with things as at present, we shall hereafter hear of any greater spread of infection in that neighborhood than during the last six months, when public excitement on the subject was not yet developed. If smallpox-patients are to be removed at all from their homes to the pest house, a measure of sanitary prudence which we commend, they must be transported through the streets, and one part of the city is as good as another so far as that exposure is concerned.

The alleged cases of infection, occurring in the vicinity, would appear to have a bad look in the present instance; but it should not be forgotten that at a time when the smallpox is prevalent to an uncommon extent in this city and in other cities the opportunities for infection are not confined to one locality. We must mention, also, the fact that no cases of variola have occurred among the patients of the City Hospital, one ward of which is directly across the street from the pest-house and more exposed than any other building in the vicinity. We allude to these topics not to disprove any statements which have been made, but to aid in allaying any tendency to undue alarm which those statements may have awakened.

The accusations concerning the maltreatment of patients and the other abuses connected with the smallpox hospital we believe to be chimerical, growing out of the popular appetite for sensationalism. The public had heard nothing of this abuse until some one wanted the hospital removed, and we presume it was not difficult to find the chronic grumbler whose story of his imaginary wrongs while a patient would be a seasonable theme for journalistic enterprise to work up. We are glad the matter is being investigated, if for no

other reason, because we believe such an investigation will neutralize aspersions upon the fidelity of careful attendants and of a devoted and skilful physician, who can lay claim to no small degree of credit that, with such scanty resources at his command in the way of hospital appointments, he has been able to report such very favorable results of treatment and so small a mortality-rate.

We think one may plainly see in all this exposure of the smallpox department of the City Hospital emphatic confirmation of the reiterated need of Boston for an independent, efficient Board of Health, endowed with the power, in common with its other duties, to promptly deal with an epidemic of smallpox without the vexatious delays and the perilous obstacles inevitable with the present inadequate system. With such a Board, acting in harmony with a city physician as efficient as the present, an epidemic would have the least chance to extend. We trust, therefore, that the agitation of the subject will eventuate not only in the erection of suitable and suitably-appointed buildings for the care of cases of smallpox at seasons when their removal to the Island hospitals would be impracticable, but, indirectly, in the establishment of a much needed City Health Board.

ABORTIFACIENTS—WHAT ARE THEY?—According to the newspapers, a law has recently been passed by the Legislature of Illinois to prohibit the sale of "abortifacient drugs," except on the prescriptions of well-known practising physicians. Medicines intended for females, with the formulas, must be submitted under oath to five physicians of the county where it is proposed to sell such medicines; and these physicians must certify, under oath, that the said medicines are not "abortifacient," before sales can be made. This is all very well; and will keep out of open market a number of dangerous articles and vile preparations now sold with "criminal intent." Curiosity, however, is excited to learn what drugs, or preparations, the "five doctors" will, under oath, declare unfit to be sold because they are "abortifacients."

VOL. X.—No. 6A

From British Journals.

CEREBRAL HÆMORRHAGE.—The following abstract of a clinical lecture on a case of cerebral hæmorrhage, by C. Handfield Jones, Physician to St. Mary's Hospital (*The Medical Press and Circular*, July 10, 1872), will be found instructive.

The patient was brought to the hospital in a tolerably conscious condition, although his speech was much impaired. His eyes were strongly turned to the right, the left arm and leg were paralyzed, and his face a little drawn to the right. The next day he was insensible, breathed rather stertorously, 26 times per minute, which on the following day was increased to 50, when he died.

The autopsy revealed a flattening of the convolutions, especially on the right side, and a large cavity containing about two ounces of clot and fluid blood at the postero-lateral side of the right hemisphere. This was the principal lesion.

Dr. Jones proposes the following queries:—1st, Why is a patient in such a case as is here detailed unconscious? 2d, Why does he die? The reply usually given to these queries makes pressure the sole cause, the hemispheres being supposed to become anæmic, and so incapable of functioning because of the compression by the effused blood; and, for a similar reason, it is supposed that the medulla oblongata is unable to minister to the nerves presiding over the circulation and respiration. That this cause has some effect is not denied, but it is greatly doubted whether it is the sufficient and principal cause; for in cases of cholera, where there is excessive cerebral anæmia, and where a mere dribble of blood is found in a divided artery, the patients have full possession of their mental faculties. Sometimes, in cases of simple apoplexy, nothing can be found causing pressure, and yet the patient becomes unconscious, and dies within a few hours. There are many cases on record where large cysts or abscesses have existed for a long time within the skull and have given rise to no symptoms till near the close of life. In these instances there must have been a good deal of pressure. Such considerations lead us to assign to anæmiating pressure much less efficacy than that with which it is usually credited in the production of paralysis, coma, &c. No other cause can be assigned than *irritation*. Some may object that this term conveys no definite idea, but certain it is that the ends of

the torn fibres at the edge of a hæmorrhagic cavity are in a very unnatural condition, and it cannot be considered improbable that the nerve cells, with which their other extremities are connected, should be injuriously affected thereby. Dr. Jones would define irritation as the result of a *morbid* stimulus which impairs functional energy, while *healthy* stimulation promotes it. A suddenly produced lesion operates with vastly greater severity than does one which is slowly produced. A very large abscess or cyst may cause no symptoms, but a small hæmorrhage is almost certain to produce very decided ones, the chief difference in these instances being the suddenness with which the morbid change is produced.

The answers given to the questions are: "That the paralysis of the hemispheres conditioning unconsciousness depends mainly on deranged action of the nerve cells of the convolutions, by the morbid impressions conveyed to them from the seat of lesion; so that death ensues either from similar irritation affecting the respiratory centre, and rendering it unexcitable by the '*besoin de respirer*' sensations conveyed by the vagi, or from inhibitory arrest of the action of the heart by the vagal filaments joining the cardiac ganglia."

Cerebral symptoms in cases of hæmorrhage and other kinds of lesions may be separated into two groups—one comprising those which depend on direct damage to the machinery; the other those which are generated by the irritation set up by the original lesion and conveyed by the commissural fibres to adjacent centres. The former may be called *primary* or *necessary*; the latter *secondary* and *varying*. Thus in a case of a clot in the corpus striatum, we have hemiplegia on the opposite side as the primary result, while unconsciousness, lingual and facial paralysis, disorder of the circulation and respiration may be enumerated as probable secondary results. The practical value of this distinction is that these latter not being necessary results of the actual lesion, we may hope to mitigate or remove them by treatment, but on the other hand we must be cautious not to do anything which might promote their occurrence. Irritation will, in all probability, tell more severely on an exhausted than on a stronger system, and sometimes depletion seems to have promoted the invasion of paralysis. Nothing we can do can have any speedy effect on the actual lesion; the most we can hope for is to prevent its extension and to promote cicatrization.

Dr. Jones is far from denying the import-

ant part played by pressure in many instances, especially of surgical lesion, nor does he overlook the possibility that the lesion may be multiple, or that it is a matter of indifference where the primary lesion is situated; but he asks us to consider whether, in the majority of cerebral lesions, irritation may not contribute, at least, as much as congestion and effusion, to the production of symptoms. G.

THE NECESSITY OF RE-VACCINATION.—Under this heading the *British Medical Journal* of June 22d, 1872, has a letter from Mr. Lattey. He states that, as many cases of smallpox occur after successful primary vaccination, which are attributed to imperfect vaccination, he thinks these cases might be ascribed more properly to the fact that smallpox itself is, to a considerable degree, apt to occur more than once in the same subject. Persons having once had smallpox, and that, too, severely, have, in his experience, been susceptible to vaccination, which, at times, ran a regular course. He also found that persons whose primary cicatrices were large and perfect would have characteristic vesicles when re-vaccinated, while those whose arms did not take well the first time, did not take well from the second operation. Hence, he concluded that it was the amount of susceptibility to smallpox that decided the results, and not the operation. Although the majority of these who have been vaccinated are protected from smallpox, yet the disease may occur to a considerable extent in those who have been successfully vaccinated, because it is the nature of smallpox to occur in a considerable number of persons more than once. It becomes incumbent on all to be re-vaccinated, because they are then in an analogous position to those who have had smallpox a second time.

Many of the statements made in the above letter are nearly identical with those advanced in an article on vaccination and re-vaccination published in this JOURNAL Aug. 29th, 1867.

"Some persons," says Dr. Cotting, "have a natural exemption from smallpox. . . . Others, again, suffer from repeated attacks, even after the first has left many and enduring evidences of its severity."

"The scar is merely an evidence of how much of the true skin is destroyed, and this destruction of the cutis is the simple result of the common suppurative process, . . . and while it can in no way be a measure of the constitutional affection, or subsequent

immunity, it is equally of no value as a test of perfect or imperfect vaccination.

"Protection [from smallpox] being neither the result of, nor in proportion to, the severity of the disease, and not to be measured by the number, size or peculiarity of the scars, is completely attained only when susceptibility is extinguished, be it after a single or a repeated attack. . . . Further, if an individual can receive smallpox a second time, to such a degree at least he may receive a second vaccine disease. This may happen within a few months after the first reception, as we have had repeated opportunities to witness, or even after a few days, as well as after a longer interval.

"For a large proportion, one vaccination is enough. A second, if desirable at all after having been once thoroughly done, is only to ascertain the amount of susceptibility remaining after first trial." G.

ERYSIPELAS.—The Paris correspondent of the *Medical Times & Gazette* of July 13 ult., states that it is curious to notice the different forms of treatment employed in this disease, each being dictated by particular theories. Many practitioners, M. Maissonneuve among them, ignore the distinction of idiopathic and traumatic erysipelas. They say that the disease is always traumatic, the result of some lesion or traumatism, visible or invisible, through which the specific poison enters the blood and produces the phenomena characteristic of the disease. Maissonneuve applied a blister to the affected part with the view of eliminating the poison, and went so far as to say that by proper tests the poison would some day be detected in substance in the serum of the blister which is nothing else than the serum of the blood itself. Emetics and purgatives he gave for the same end—viz., to effect the elimination of the poison; but as the latter when in the blood is beyond the reach of these remedies, local measures are to be employed. Some Paris practitioners apply a blister around the affected part, or paint about the eruption with tincture of iodine or with nitrate of silver, with the view of checking the extension of the inflammation; others protect the part with a film of collodion. Prof. Broca, however, has been trying to limit the extension of the erysipelas by encircling it with a layer of collodion two or three inches wide, and, says the writer, with a certain amount of success.

M. Maissonneuve's treatment is, to say the least, sufficiently active. If the poison of erysipelas always enters the blood

through some wound, how can emetics or purgatives ever "effect the elimination of the poison"? In marked contrast to M. Maissonneuve's treatment by emetics, blisters, &c., are the conclusions arrived at by one whose authority was second to that of no other French physician. We refer to Trousseau. In his clinical lectures, he asserts that in erysipelas his rule was to abstain from every kind of treatment, keeping his patients in bed, giving laxatives if needed for constipation, and giving slightly acidulated diet-drinks. "But," says he, "I give nourishment, even when there is fever—even when there is delirium. So far from prostrating the patient by withdrawing blood, by bleeding him at the arm, or leeching him behind the ears; in place of making it my rule to administer emetics, and give purgatives in repeated doses; instead of placing the patient on very low diet—I remain with folded arms spectator of a contest from which I know Nature will come forth victorious if I refrain from disturbing her operations. Of the great number of cases of erysipelas which I have attended, three only had a fatal termination; the others spontaneously recovered." G.

A REAL HÆMATINIC.—The Paris correspondent of the *Medical Times and Gazette* of June 22d ult., states that the Parisians are now taking bullock's blood for anæmia and in pulmonary phthisis. It is a curious sight to see patients of both sexes and of all classes and ages flocking to the slaughter-houses every morning to drink of the freshly drawn blood of the slaughtered animals. The young ladies take it readily, and many say they prefer it to cod-liver oil. The writer declines to enter into any theoretical speculations as to its *modus operandi*, but states that he knows of several cases of anæmia that have been cured, and some of pulmonary phthisis that have been much benefited by the treatment. An extract of blood has been prepared, which is administered in the form of pills, each of which, weighing three grains, is said to be equivalent to about half an ounce of blood.

The same correspondent states that M. Boussingault recently read a paper before the Academy of Sciences giving an account of his researches on the composition of the blood, and urging its employment as an article of food. It contains all the constituents of a perfect aliment. An analysis of human blood gave, in each 100 grammes, 51 milligrammes of iron; in the same quantity of that of the ox there were

55 milligrammes, and 59 in that of the pig. But it was not only in red blood that iron was found; the blood of snails contained as much iron as that of the ox; so that the experimenter concluded that the red color of the blood is not due, as is commonly supposed, to the presence of iron.

THE VACCINATION LAWS OF EUROPE.—The *Medical Times and Gazette* contains, under this heading (July 13th and 20th ult.), a comparative review of the legal measures adopted by various European governments to promote the benefits of vaccination.

The Prussian code is a mixed system of disabilities and penalties. According to this law, children are to be vaccinated in the first year. The penalty for violation is only inflicted in case that children who have not been vaccinated in their first year are attacked with smallpox.

Directors of schools, master tradesmen, manufacturers and other employers, are required to obtain proof that those who come to them for instruction or employment have been vaccinated.

"Persons who seek for their children, or for those committed to their care, admission into any public government institution or other benefice, meet with a refusal if they cannot show proof that the said young people have been vaccinated."

None but physicians and surgeons licensed as general practitioners are allowed to vaccinate. They are obliged to furnish to the police, quarterly, a list of those whom they have vaccinated in their private practice.

A public general vaccination takes place each year, or oftener if required, to provide for such as have not been vaccinated. If children remain unvaccinated after the first year and are then attacked with smallpox, their parents or guardians are fined.

Should smallpox break out in a house, any persons liable to infection are speedily vaccinated, and in the event of the further spread of the disease all the remaining inhabitants are informed of the imminent danger, and are required to have such of their dependents as are liable to infection vaccinated as quickly as possible, and when requisite, compulsory vaccination is effected.

Re-vaccination is not prescribed by law, but the government regulations recommend it, and require that in boarding institutions which are connected with public educational establishments such pupils only shall be admitted as have been vaccinated within two

years. The re-vaccination of soldiers on entering the army is compulsory.

In France, vaccination is not compulsory; a certificate of successful vaccination is required before admitting a candidate to the government schools and also in some private schools and in some trades. It would be very difficult to enforce compulsory vaccination in the present state of public opinion in France.

In Spain, vaccination is not compulsory, the government limiting itself to recommending the practice. The only civil disability to non-vaccination is that unvaccinated children are not admitted to the public schools and some other establishments.

Similar laws obtain in the Netherlands and in Belgium. G.

TREATMENT OF ULCERS OF THE LEG.—Mr. W. E. C. Nourse, F.R.C.S., states, in the *British Medical Journal* (June 29, 1872), that he has treated nearly five hundred cases in thirteen years; varicose, indolent, eczematous, irritable, inflamed, sloughing, cedematous, strumatus, from burns, foul, in short all kinds. Failures, two or three per cent. only. Treatment, uniform pressure with strapping and bandages; unsparing pains and trouble to do the work properly; non-disturbance of healing process by frequent dressings; usual diet and mode of living and work, except rarely; sparing use of ointments and poultices; strict avoidance of all depressing medicines, strong or frequent cathartics; removal of all irritants, resins, dirty plasters; no caustics, incisions, or painful applications. Relief from pain and distress, with increasing power of using the limbs, were generally felt after the first two dressings; in more obstinate cases, after three or four. In most cases the cure was permanent. C.

"ERECTILE TUMOR OF THE ALIMENTARY CANAL."—M. Laboulbène (*London Medical Times and Gazette*, June 29th, 1872), one of the candidates at the Académie de Médecine for the vacancy in the section of pathological anatomy, was fortunate enough in the paper which it is customary to read announcing his pretensions, to be able to lay before the Academy, at its meeting on the 4th inst., an account of what he believed to be an entirely new fact in pathological anatomy—viz., the occurrence of erectile tumors in the alimentary canal. "A patient, aged 74, having vomited blood and passed it by the anus, it was diagnosticat-

ed, after a careful examination, that he was suffering from ulceration of the duodenum. He died in the course of some hours, presenting the signs of internal hæmorrhage. A most careful autopsy showed that almost all the organs were in a state of complete integrity, considering the age of the person. In the duodenum, however, a little lower than the orifices of the bile and pancreatic ducts, was found an oblong tumor the size of an almond, its projection being very visible when the blood which filled the duodenum was washed out. Examined under water, the mucous membrane which covered the tumor presented a small, irregular ulceration, whence the recent discharge of blood had evidently issued. Two other blackish points seemed to indicate former orifices, which had undergone repair. On cutting through the tumor, it was found to have invaded the entire substance of the mucous membrane, the muscular fibres and peritoneal coat being still recognizable. The mass consisted of capillary vessels of various sizes, which were dilated at several points, the dilatations being either uniform or only lateral. M. Laboulbène regards the tumor, in fact, as being precisely similar to erectile tumors met with on the surface of the body. Similar tumors, hitherto unobserved in this locality, may have given rise to fatal intestinal hæmorrhages, the causes of which have remained unknown."

CALABAR BEAN IN TETANUS.—At a meeting of the Société de Biologie in Paris (*The British Medical Journal*, June 22), M. Laborde referred to a case of tetanus in which he had given Calabar bean, and where extreme contraction of the pupils was produced. A gramme of the extract had been given. M. Leven stated that toxic symptoms had been produced in several instances where Calabar bean had been given for the treatment of tetanus. There did not appear, he said, to be a single case of recovery from traumatic tetanus under the use of eserine—the active principle of the Calabar bean. Recovery from spontaneous tetanus, on the other hand, frequently took place under any treatment.—*Phil. Medical Times*.

ST. THOMAS' HOSPITAL, LONDON.—This new, imposing structure, situated on the right bank of the Thames, covers an area of nearly twelve acres of ground. The whole cost of the buildings, with furniture, amounted to about \$2,500,000

From American Journals.

RARE MODE OF DEATH IN INFANTS.—At a recent meeting of the New York Pathological Society (*New York Medical Record*, July 1st, 1872), Dr. Janeway exhibited an interesting specimen. The infant died two days after birth. The mother had a very protracted labor, the first stage being twenty-six and a half hours. The child did well for the first twenty-four hours, when it grew pale, passed no water, and in the course of the day died.

At the autopsy, the peritoneal cavity contained eight ounces of thick, black, fluid blood, which had its source in a detachment of the peritoneum from the upper part of the right lobe of the liver. The area of detachment was two inches square. All the other organs were normal. The kidneys, as usual, contained urates in the tubes.

This was the third specimen of the kind Dr. Janeway had seen, and, as far as he recollected, in both of the others the labor was protracted. This was the only one, however, in which the effusion was upon the upper lobe of the organ. G.

HÆMATOXYLIN.—Dr. Arnold writes to the *Philadelphia Medical Times* of July 1st, 1872, on hæmatoxylin as a staining material for animal tissues. The results obtained are much more satisfactory than those given by carmine.

The ordinary logwood extract is finely pulverized in a mortar and about three times its bulk of powdered alum is added. Rub the two ingredients well together, and mix them with a small quantity of distilled water. The complete admixture of the alum and hæmatoxylin is necessary, and this will require fifteen or twenty minutes' vigorous stirring. Having added more water, the solution, after filtration, should present a clear, somewhat dark-violet color. Should it be a dirty red, more alum must be incorporated, and the mixture again filtered. By having an excess of both alum and hæmatoxylin in the mortar, a saturated solution can be obtained which, after infiltration, may be combined with alcohol—one ounce of the logwood fluid with two drachms of seventy-five per cent. alcohol. A much better color can be obtained by allowing the mixture, after thorough trituration, to stand for several days before filtering and adding the alcohol. If a scum forms on

the surface of the liquid after it has been some time made, a few drops of alcohol and careful filtering will remove it. The coloring with a strong solution, such as has been described, requires but a few minutes, but if a slower tinting is desired, the fluid may be diluted with a mixture of one part alcohol and three of water. The tissue is colored equally well, whether it has been previously hardened in alcohol or in any of the chrome compounds. The nucleus becomes of a brilliant purple, the cell body of a distinct neutral tint. An over-staining causes a blackening of the nucleus, the protoplasm becoming purple. As to the stability of the coloring, specimens mounted in Dec., 1869, show as well as when first put up.

The following is the method of treating pathological new formations.

The cut is placed for a time in the logwood fluid, and is then immersed in distilled water to remove the crystals of alum which might otherwise adhere to it. From water the tissue is transferred to seventy-five per cent. alcohol, when, after soaking for ten or fifteen minutes, it is clarified in oil of cloves—the light oil is the best—and may be either mounted immediately in balsam dissolved in chloroform or in damar varnish.

G.

- INOCULATION IN CHINA.—In a recent discussion upon smallpox before the Central Kentucky Medical Association, the *Richmond and Louisville Medical Journal* for July, 1872, reports Dr. Taylor as stating that during a five years' residence in China he had seen a good deal of the disease. It had doubtless prevailed there as an epidemic centuries ago. The method of dealing with the disease in that country was interesting and peculiar. It is the custom with families for the mother, when the child is about two years old, and during a certain season, to visit a neighbor and obtain some of the virus, with which she saturates a piece of cotton. This is inserted into the nostrils of the child and permitted to remain there for a time. The child is put on a light diet, into a cold room, and enveloped to the chin in a bag. Soon the disease develops itself and runs a favorable course, leaving no marks. It is a rare thing to see an adult pitted. Out of millions he had seen only two or three bearing marks of the disease.

G.

SYPHILITIC LESIONS OF THE VISCERA.—A paper by James N. Hyde, M.D. (*The Chicago Medical Journal*, July, 1872), contains the reports of two cases of syphilis. In the

first, profuse and repeated hæmoptysis was the prominent symptom; but the previous history of the case and the absence of the auscultatory signs of phthisis determined the diagnosis of gummy tumors of the lungs induced by syphilitic infection.

The iodide of potassium was prescribed at first in small doses, which were slowly increased till a scruple was taken three times a day. The patient was at length discharged with every appearance of robust health.

In the second case, the syphilitic infection at length involved to a considerable extent the various structures of the kidneys as determined by the presence of albumen, and of granular and epithelial casts in the urine. For this condition, the muriated tincture of iron was prescribed before each meal, and a scruple of the iodide of potassium in a drachm of the fluid extract of *pareira brava* after each meal. The case resulted in complete recovery.

The author endeavors to bring prominently to notice the fact of the great value of the iodide of potassium administered in such doses as will fully influence the system. For this purpose, large doses are sometimes essential, and to this end it may be necessary to give two drachms or even half an ounce a day, taking the precaution to dilute the solution sufficiently and to watch its effects each day.

G.

CANCER TREATED WITH CARBOLIC ACID.—Surgeon Bill, U. S. Army, reports (*American Journal of the Medical Sciences*, July, 1872,) four cases to illustrate this mode of treatment.

The first was of an old man from whom an epithelioma of the lower lip had previously been removed. The disease returned in the cicatrix, and circumstances forbade a second operation. Sixteen grains of carbolie acid were given, in divided doses, each day for forty-nine days. At the end of this period, the disease had quite disappeared. The treatment was continued subsequently for a time as a precaution against the return of the malady until the man began to lose flesh and strength. Tonics were then given. The treatment was instituted in 1869, and the disease has not since reappeared.

The second was also a case of epithelioma which had been twice excised from the lower lip, the last time carbolie acid being used locally as an anæsthetic. The parts healed by first intention, but at length became the seat of two hard, wart-like ulcers,

which were very painful. Fifteen grains of the acid were given internally each day. The ulcers, nodules and pain vanished and have not returned.

The third case was one of encephaloid of the neck, ultimately becoming of great size. In the earlier stages, five grains of the acid thrice daily arrested the progress of the disease and mitigated the pain, but the patient finally succumbed to the effects of the disease.

A rodent ulcer of the lower lip and chin constituted the fourth case, which is yet under treatment, but with very promising results. The ulcer, from the size and shape of a tablespoon-bowl, has contracted to the diameter of a half-dollar. The pain immediately disappeared, and the swelling of the glands under the jaw in a few days after the commencement of the treatment. The very offensive discharge has altogether ceased. Locally, a 5 per cent. solution of the acid was employed, and five grains four times a day internally. It has not affected his health unfavorably, although the patient has already taken it nearly a month.

Carbolic acid, according to Dr. Bill, should not be given in a stronger solution than three grains to the fluid ounce of water. G.

CEREBRO-SPINAL MENINGITIS.—In a paper on Cerebro-spinal Meningitis, Dr. J. G. Sewall (*New York Medical Record*, July 1, 1872) arrives at the following conclusions:

1st. That the term "spotted fever" is altogether a misnomer, but comparatively few cases presenting any "spots," and these not characteristic, the same being observed in other profound blood-poisons, as typhus, purpura hæmorrhagica, &c.

2d. That the cause is in obscurity, as much so as that of cholera. Defective sewerage may powerfully aid in its development in certain cases, but does not account for it. Its wide-spread prevalence, extending from Ohio to Massachusetts, under varied climates, in pure as well as vitiated atmosphere, forbids this assumption. It seems to me that an inquiry, pushed in the direction of the late continued droughts, with the imbibition of the products of vegetable decomposition in the low wells and streams, may throw some light upon it. I think all must have noticed a peculiar unpleasant odor and taste in the Croton water through the winter and early spring.

3d. That the disease is not contagious.

4th. That the epidemic here and in the neighborhood has exhibited two forms. In one the brunt of the distemper seems to

have invaded the cerebral meninges chiefly, and in the other those of the medulla and spine. The mortality, especially when it occurs suddenly, greatly prevails with the former. All convalescent cases have proved very tedious; and in some, I am informed, paralysis, affections of the special senses, and other neuroses have occurred. G.

NEURALGIA CURED BY SHOCK.—The *Philadelphia Medical Times* of May 15th, 1872, contains an account of a case of neuralgia cured by accidental shock, reported by Dr. Rand.

The patient, aged 58, was attacked in the autumn of 1858 with violent neuralgic pains in the right arm and shoulder. There had been no injury to the joint, and its motion was unimpaired. All the nerves of the arm and forearm were affected. The pain at times extended to the spine and more rarely to the left shoulder. Treatment had but little effect. The patient's general condition was deteriorating and the arm was losing power and size. On the 23d of January, 1859, after an evening of great suffering, he slipped and fell on the ice, striking the affected shoulder with great violence. The pain was intense, and he thought at the time that the "arm was torn from the socket." The pain soon ceased, and was followed by a feeling of warmth and "naturalness." The neuralgia ceased and has not yet returned—more than thirteen years since the accident.

Dr. Rand puts the case on record as a simple matter of fact, without attempting an explanation. G.

REMOVAL OF NITRATE OF SILVER CYANOSIS.—In the *American Practitioner* for June, 1872, Dr. L. P. Yandell reports two cases of cyanosis from nitrate of silver removed by iodide of potassium. Both patients had formerly been unsuccessfully treated by nitrate of silver for epilepsy, and their skins were deeply stained from its use. Contracting syphilis, they were treated with iodide of potassium, in doses of from ten to sixty grains thrice daily, conjointly with the mercurial vapor bath. In one case only a faint discoloration remains, and in the other it is wholly removed. Dr. Yandell thinks the diaphoresis from the bath may have assisted the action of the iodide, and so suggests in the treatment of cyanosis from nitrate of silver that the vapor bath should be used in connection with the iodide of potassium.

Medical Miscellany.

UNWARRANTABLE DELAY.—The special committee of the Board of Aldermen appointed to consider the petition for a new Board of Health for this city held a meeting Aug. 1st, but did no business of general interest except adjourn until the second Thursday in September.

When the popular demand is so unequivocal and the interests of public health are so urgent, why need the aldermen consume time in unnecessary investigation?

SANITARY AS WELL AS PHILANTHROPIC.—The plans for providing picnics and other out-of-door entertainments for the poor children have succeeded so well in New York and Philadelphia that it has been determined to follow the example here. Thousands of forlorn and neglected children in the city, who, perhaps, never drew a breath of pure air before, and whose eyes were never cheered by the sight of green fields or the open sea, will now have an opportunity to obtain occasional and healthful recreation during the oppressive weather of August. We cordially commend the enterprise for its sanitary as well as its benevolent aspects.

BALTIMORE is in serious danger of a water famine, and the city authorities are debating what is the best method of relief. Less than forty-five days' minimum supply is left in the city, and there are no adequate sources from which to obtain more. Little rain has fallen in the vicinity since spring, and all the usual reservoirs are completely exhausted.

THE AMERICAN DENTAL ASSOCIATION.—The meeting of the American Dental Association is in session at Niagara. The session will continue for three days, and it is expected that matters of much interest to the profession will come before it.

ADULTERATIONS.—The French tribunals are usually severe in punishing adulterations of articles of common use, making not only the manufacturers but the intermediaries responsible for the nature of the goods they sell. The agents of two Belgian starch makers, with several wholesale and retail grocers, have just been prosecuted before the Paris court of correctional police for selling rice starch adulterated in the proportion of from 10 to 24 per cent. of potato flour and plaster of Paris.

A DIFFERENTIAL TEST FOR CARBOLIC ACID.—Mr. Morson, of London, points out the fact that, as carbolic acid is often substituted in the trade for creasote, it is desirable to have a ready means for discriminating the two agents; he has found glycerine to answer this purpose, inasmuch as in this solvent creasote is not soluble, while carbolic acid is readily taken up in all proportions.

BRITISH MEDICAL ASSOCIATION.—The fortieth annual meeting began its sessions at Birmingham on the 6th inst. The exercises will

continue four days, and will include addresses, meetings for discussion in various sections and sessions of the general medical council.

DEATHS FROM SNAKE-BITE.—It is stated, says the *Homeward Mail*, that in the Tanjore district no fewer than nineteen persons in every 100,000 die annually from snake-bite. Taking the population according to the census, this would give nearly 330 deaths per annum in that district alone; and assuming the rate of mortality over the whole presidency of Madras to be only half that which prevails in the Tanjore district, and the population to be 30,000,000, we get the startling total of nearly 3,000 people annually dying from snake-bites.

DELICATE TEST FOR GALLIC ACID.—Strasbourg (*Pfäfer's Archiv*, IV.) announces an extremely delicate modification of Pettenkofer's test for gallic acid in the urine, suitable for clinical purposes. A strip of filtering-paper is dipped in urine, to which a little common sugar has been added, and on this paper, after drying, a drop of concentrated SO_3 is placed by means of a glass tube. If gallic acid is present, the paper assumes an intense violet color.

PAMPHLETS RECEIVED.—Case of Excessive Hypodermic Use of Morphia, &c. Three hundred Needles removed from the Body of an Insane Woman. By Judson B. Andrews, M.D.—A Nomenclature of Diseases, with the Reports of the Majority and Minority of the Committee thereon, presented to the American Medical Association at the Meeting held in Philadelphia, May, 1872. Pp. 94.

Deaths in seventeen Cities and Towns of Massachusetts, for the week ending July 27, 1872.

Cities and Towns.	No. of Deaths.	Newburyport . . .	6
Boston	221	Somerville	9
Charlestown	16	Haverhill	11
Worcester	36	Holyoke	7
Lowell	28		468
Milford	5		
Chelsea	17		
Cambridge	31		
Salem	20		
Springfield	18		
Lynn	21		
Gloucester	10		
Fitchburg	6		
Taunton	6		

Prevalent Diseases.

Cholera Infantum . .	198
Consumption	44
Dysentery & Diarrhea	24
Cholera Morbus . . .	12
Pneumonia	10
Scarlet Fever	7
Whooping Cough . .	7

There were five deaths from smallpox in Boston and one in Cambridge. Of the 234 deaths from intestinal disorders, one hundred and eleven were in Boston, eighteen in Worcester, fifteen in Lynn, twelve in Chelsea, eleven in Salem, eleven in Springfield and ten in Cambridge.

GEORGE DERRY, M.D.,

Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, August 3d, 206. Males, 92; females, 114. Accident, 3—abcess, 2—apoplexy, 2—inflammation of the bowels, 4—bronchitis, 1—congestion of brain, 1—disease of brain, 4—cyanosis, 1—cholera infantum, 74—cholera morbus, 3—consumption, 12—convulsions, 8—debility, 8—diarrhea, 9—dropsy, 2—dropsy of brain, 4—dysentery, 4—erysipelas, 1—fever, 1—scarlet fever, 4—typhoid fever, 7—hernia, 1—disease of heart, 6—interperence, 2—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 4—inflammation of the lungs, 7—marasmus, 7—old age, 2—paralysis, 14—pleurisy, 1—premature birth, 3—peritonitis, 2—rheumatism, 1—smallpox, 6—tumor, 1—whooping cough, 3—unknown, 2.

Under 5 years of age, 129—between 5 and 20 years, 8—between 20 and 40 years, 35—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 162—Ireland, 25—other places, 19.